

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	1/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		10 1/21-00	
RESPONSE FORMALITY REVIEW		19055 2-900	

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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